

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>            (FOR USE WITH FORM PTO-875)         </div> <div style="width: 50%;">           SERIAL NO. <span style="font-size: 1.5em; font-weight: bold;">10/033247</span> </div> </div>							FILING DATE	
							APPLICATION NO.	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1								51
2								52
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TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS
2		1		1		1		5

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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